



Early Management of Trauma Course (EMTC)

Department of Emergency Medicine

Pushpagiri Medical College Hospital, Tiruvalla-689101

Registration Form

Crossed Demand draft in favour of “**NIBU VARGHESE**” **Account No. 6312**, payable at South Indian Bank, Tiruvalla Pushpagiri Branch. Print this page, enclose the draft along with it and mail it to the address given below by Courier.

Name in full			
Age	Sex: M /F	Telephone No.:	Veg. / Non-veg.
Present Designation and Current employer			
Email – All correspondence by email only , unless specifically requested. PLEASE WRITE IN CAPITAL LETTERS			
Postal Address for mailing the Course Manual			
Payment Option 1	DD No.....Amount..... Dated.....drawn on Bank.....		
Payment Option 2	NEFT Transaction Details:		
Signature			

Address the enclosures to:

The Secretary
Early Management of Trauma Course
Dept. of Emergency Medicine
Pushpagiri Medical College Hospital, Tiruvalla – 689101.

Registration Fee: Rs. Five thousand only (Rs. 5,000/-)

If you wish to do **Bank Transfer**, please utilize the following details:

Account No: 0588-0530-0000-6312

IFSC Code: SIBL 0000588

Please notify your transaction details in the Application Form.